

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

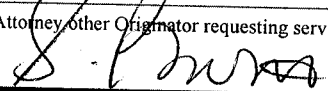
PLAINTIFF Kelly Price	COURT CASE NUMBER 15-cv-05871-KPF
DEFENDANT Simmons et al	TYPE OF PROCESS Service of Summons & Complaint

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Detective Linda Simmons
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1 Police Plaza, Room 1406, New York, NY 10038

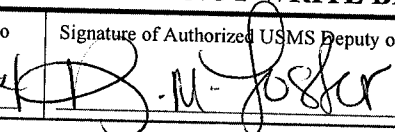
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW PRO SE: Kelly Price 534 W. 187th Street Apt. # 7 New York, NY 10033	Number of process to be served with this Form 285	<div style="transform: rotate(-45deg);"> <p>RECEIVED JUL 27 AM 10:55 U.S. MARSHALS SERVICE SOUTHERN NEW YORK</p> </div>
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

Fold

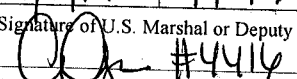
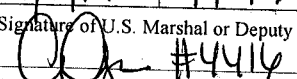
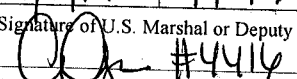
Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (212)- 805 - 0175	DATE 7/24/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process P2	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk 	Date 7/27/17
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Sgt. Fontanez #2091	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 9/1/17</td> <td>Time 11:14</td> <td><input checked="" type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy  #4416</td> </tr> </table>	Date 9/1/17	Time 11:14	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy  #4416		
Date 9/1/17	Time 11:14	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy  #4416							

Service Fee \$73.00	Total Mileage Charges including endeavors) \$.43	Forwarding Fee	Total Charges \$73.43	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

7/27/17- set up for mail sm.
8/31/17- set up for P/S

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

15-5871-D ✓ Form USM-285 Rev. 12/80